PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004									1 0	Application or Docket Number 10/532369			
		CLAIMS	AS FILED (Colum		(Column 2)			SMALL EN	TITY	Y OTHER TH			
U.S. NATIONAL STAGE FEES							7	RATE	FEE	7	RATE	FEE	
BASIC FEE			SMALL ENT. = \$ 150		LAR	GE ENT. = \$ 300	1	BASIC FEE	<b>†</b>	OR	BASIC FEE		
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100			ther situations = \$ 100 / \$ 200	1	EXAM. FEE	<del> </del>	1	EXAM. FEE	360	
SEARCH FEE			All other situations (ie. No Search Rpt.) ≈ \$ 250 / \$ 500		U.S. is ISA = \$50 / \$ 100 ALL other countries = \$ 200 / \$ 400			SEARCH FEE	<del> </del>	1	SEARCH FEE	400	
FEE FOR EXTRA SPEC. PGS.			minus 100 =		/ 50 =		1	X \$ 125 =	<u> </u>	1	X \$ 250 =	1900	
TOTAL CHARGEABLE CLAIMS			32 mi	nus 20 =	. 12			X \$ 25 =		OR	X \$ 50 =	(000	
INDEPENDENT CLAIMS			3 "	ninus 3 =	*			X \$ 100 =	<del> </del> -	OR	X \$ 200 =	600	
MULTIPLE DEPENDENT CLAIM PRE						Ø		+ \$ 180 =	<u> </u>	OR	+ \$ 360 =	21	
* If	the difference	in column 1 is	less than zero	o, enter "O	" in co	olumn 2		TOTAL		OR	TOTAL	1860	
	CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST							SMALL ENTITY		OR	OTHER THAN R SMALL ENTITY		
AMENDMENT A		REMAINING AFTER AMENDMENT	·	NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				LAIM		Ì	+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT. FFF		OR	TOTAL ADDIT.		
		(Column 1)		(Colum	·	(Column 3)					ree		
ENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		·X \$ 25 =		OR	X \$ 50 =		
AME	Independent	*	Minus	***		=		X \$ 100 =		OR	X \$ 200 =		
	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	ENDENT C	LAIM		ĺ	+ \$ 180 =		OR	+ \$ 360 =		
								TOTAL ADDIT:		OR 1	TOTAL ADDIT.		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

FORM PTO-875 (Rev. 02/2005)

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